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Total Number of Pages in This Submission	5
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Application Number	10/722,691
Application Title	Associative Database Scanning and Information Retrieval
Filing Date	November 24, 2003
First Named Inventor	Indeck et al.
Art Unit	2162
Examiner Name	Fleurantin, Jean B.
Attorney Docket Number	53047/44791

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Determination Record Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> The Commissioner is hereby authorized to charge the fee of \$ _____ in this application to a Deposit Account _____ <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any over-payment, to Deposit Account Number <u>20-0823</u> . I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.	<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> If an extension or an additional extension of time is required, but is not enclosed, please consider this a conditional petition therefore and charge Deposit Account <u>20-0823</u> accordingly <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Petition <input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thompson Coburn LLP		
Signature			
Printed name	Benjamin L. Volk, Jr.		
Date		Reg. No.	48,017

CERTIFICATE OF FIRST CLASS MAILING

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